

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/587953

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2			1			
3						
4		3				
5		3				
6		3				
7		3				
8		3				
9						
10		1	1			
11						
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50						
TOTAL IND.	2					
TOTAL DEP.	18	←		←		←
TOTAL CLAIMS	20	QR	QR	QR	QR	QR

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.		←		←		←
TOTAL CLAIMS		QR	QR	QR	QR	QR